

AF/IDW

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Linda D. Artman *et al.*

Title: Treating a Variety of Pathological Conditions, Including Spasticity and Convulsions, by Effecting a Modulation of CNS Activity with Isovaleramide, Isovaleric Acid, or a Related Compound

Appl. No.: 10/614,344

Filing Date: 07/08/2003

Examiner: Shahnam J. Sharareh

Art Unit: 1617

**AMENDMENT AND REPLY UNDER 37 C.F.R. § 1.116**

Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

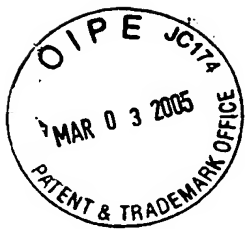
Sir:

This communication is responsive to the Final Office Action dated February 7, 2005, concerning the above-referenced patent application. As the response is being timely filed by the due date of May 7, 2004, applicants believe that no additional fees are required. If this is incorrect, however, the Commissioner is authorized to make appropriate charges or credits to Deposit Account No. 19-0741.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this document.

**Remarks/Arguments** begin on page 3 of this document.

Please amend the application as indicated below.



Atty. Dkt. No. 085747-0245

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Linda D. Artman et al.  
Title: Treating a Variety of Pathological Conditions, Including Spasticity and  
Convulsions, by Effecting a Modulation of CNS Activity with Isovaleramide,  
Isovaleric Acid, or a Related Compound  
Appl. No.: 10/614,344  
Filing Date: 7/8/2003  
Examiner: Shahnam J. Sharareh  
Art Unit: 1617

**AMENDMENT TRANSMITTAL**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Amendment and Reply Under 37 C.F.R. § 1.116 (3 pages).

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	2	-	32	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$0.00

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3 March 2005

By Stephen A. Bent

FOLEY & LARDNER LLP  
Customer Number: 22428  
Telephone: (202) 672-5404  
Facsimile: (202) 672-5399

Stephen A. Bent  
Attorney for Applicant  
Registration No. 29,768